DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

ATTORNEY DOCKET NO. 100200533-1

As a below named inventor, I hereby declare that:

My residence/post office address and citizensh are as stated below next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which

ERS LED

a patent is sought on the invention entitled: Intelligent Document Shredder Device					COPY OF PA ORIGINALLY	
the specification	n of which is	attached hereto unless th	ne following box is	checked:		
		27, 2001 as US Appli	_		nlication	
	r 09/995,47		ed on			
including the c	laims, as ame	eviewed and understood ended by any amendment h is material to patentabili	(s) referred to above	ve. I acknowle	ed specification, dge the duty to	
l hereby claim fore inventor(s) certifica	ign priority bene ate listed below a	of Foreign Priority fits under Title 35, United State and have also identified below ar ication on which priority is claim	ny foreign application for	any foreign applica patent or inventor	ation(s) for patent or (s) certificate having	
COU	NTRY	APPLICATION NUMBER	DATE FILED	PRIORITY CLAIMED	UNDER 35 U.S.C. 119	
1				YES:	NO:	
Provisional Applica				YES:	NO:	
l hereby claim the below:	benefit under Ti	tle 35, United States Code Sect		d States provisiona	l application(s) listed	
		APPLICATION NUMBER	FILING DATE			
J. S. Priority Claim						
nsofar as the subj nanner provided b nformation as defi	ect matter of eacy the first paragined in Title 37, (tle 35, United States Code, Sec ch of the claims of this applicati raph of Title 35, United States (Code of Federal Regulations, Sec international filing date of this ap	Code Section 112, Lack	nowledge the duty	to disclose material	
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DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION (continued)

ATTORNEY DOCKET NO. 100200533-1

Full Name of # 2 joint inventor	:Tim M. Hoberock		Citizenship: US
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Post Office Address:	Same as residence		
Inventor's Signature	Hônes /	77- Date	5-200 (
Full Name of # 3 joint inventor	:Leslie G. Murray		Citizenship: US
Residence:	Route 1, Box 121 Marsing, ID 8	3639	
Post Office Address:	Same as Residence		
Inventor's Signature			-5-01
inventor's Signature		Date	
Full Name of # 4 joint inventor	:		Citizenship:
Residence:			
Post Office Address:			
Inventor's Signature		Date	
Full Name of # 5 joint inventor	,		Citizenship:
Residence:			Oluzensnip.
Post Office Address:			
Inventor's Signature		Date	
Full Name of # 6 joint inventor			Chilescophine
Residence:			Citizenship:
Post Office Address:			
Post Office Address.			
Inventor's Signature		Date	
Full Name of # 7 joint inventor	r:		Citizenship:
Residence:			
Post Office Address:			
Inventor's Signature		Date	
Full Name of # 8 joint invento	r:		Citizenship:
Residence:			
Post Office Address:			
Inventor's Signature		Date	

the state